

**California Radiology Supervisor and Operator Certificate**

Last Name (Please Print)	First Name	Middle Name
Date of Birth	Social Security Number	Phone Number
Mailing Address		E-mail Address
City	State	Zip Code

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number is mandatory. The social security number will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes. For information or access to your records, contact the Certification Support Unit at the California Department of Public Health, Radiologic Health Branch (CDPH-RHB), MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

Return this application with:

- ☐ The non-refundable application fee in the form of a check or money order payable to **CDPH-RHB** for the amount of \$85.00.
- ☐ A copy of the American Board of Radiology certificate (ABR) or the American Osteopathic Board of Radiology certificate (AOBR).
- ☐ A copy of one of the following valid California healing arts licenses:  
Physician and Surgeon, Osteopathic Physician and Surgeon, Podiatrist, or Chiropractor.

*I certify that all information provided with this application is true and correct. I understand that the California Department of Public Health (CDPH-RHB) may cancel certificates that are procured by fraud, misrepresentation, or mistake, and may revoke certificates for the nonpayment of fees. Further, I am aware that it is unlawful to use X-rays on human beings in this state unless I am certified pursuant to the Radiologic Technology Act and acting within the scope of that certification.*

Signature	Date
-----------	------

**Mail application, supporting documents, and fee(s) to:**

Accounts Receivable and Cashiering Unit  
California Department of Public Health  
Radiologic Health Branch, MS 7610  
P.O. Box 997414  
Sacramento, CA 95899-7414

CDPH-RHB Use Only	
Certificate Number:	
Class Code:	
Date Issued:	
Issued By:	